

Application for Admission – Class of 2025

Name:

(Last)

(Maiden)

(First)

(Middle)

Are you a US citizen?

Yes ☐ No ☐

Are you a veteran?

Yes ☐ No ☐

Present mailing address:

(Where you can be contacted
during the school year)

(Street)

(City/Town)

(State)

(Zip)

(Area Code)

(Phone Number)

(e-mail address)

Permanent Mailing Address

(Where you can be contacted
during semester and summer
breaks)

(Street)

(City/Town)

(State)

(Zip)

(Area Code)

(Phone Number)

(e-mail address)

Emergency Information:

(Name)

(Relationship)

(Home Phone Number)

(Cell Phone Number)

Myron E. Rubnitz, M.D. Medical Laboratory Science Program
VA Hines Hospital, Hines, Illinois

Educational Information

School Name	Location (City/State)	Major/Area of Study	Dates Attended	Hours/Degree Completed
High School:				
College/University:				
College/University:				
College/University:				

Courses in Progress (Fall) & Planned (Spring)

Course Number	Course Title	Semester Hours		Course Number	Course Title	Semester Hours

Work, Professional & Volunteer Experience

Name of Institution, City/State/Phone, Name of Supervisor	Dates (To/From)	Duties & responsibilities

Extra-Curricular Activities, Professional Organizations, Honors & Awards

Reference Information

List three persons we may expect to receive letters of recommendation from on your behalf. Please include at least two *professors or advisors* who know you reasonably well, as well as one former/current employer. (You **may** include additional personal references.) A recommendation form is included as the last page of this application; please make copies and distribute them to your references. Completed recommendations must be sent directly to the Program or may be enclosed with your application IF they are in sealed envelopes.

Name & Title	Address	Telephone Number

Statement of Intent

I authorize the Committee for Admissions and Enrollment to utilize the information from this application (including transcripts, references, etc.) to determine my eligibility for this educational opportunity. I have read the student policies and guidelines, understand their content, and agree to abide by them if accepted into the Program. If accepted into the Program, I agree to submit to a physical examination before final admission is granted. I have read the essential functions, understand their content and have the ability to meet each function. I attest that the information in this application and the attachments are true.

(Your Signature & Date)

Narrative Statement

Please attach a brief personal sketch describing why you are interested in the field of Medical Laboratory Science, describing your personal and professional goals. Present a summary of the attributes and qualities which would make you a good candidate for our Program here at VA Hines.

Myron E. Rubnitz, M.D. Medical Laboratory Science Program
VA Hines Hospital, Hines, Illinois

LETTER OF RECOMMENDATION

Please complete this evaluation sheet in support of the student's application to the Hines Medical Laboratory Science Program. All information is confidential if returned directly to the Program.

Name of applicant: _____

Evaluator: _____

Please place a check in the column that best applies to this individual:

Trait	Below Average	Satisfactory /Average	Above Average	Not Observed
Interpersonal Skills				
Honesty				
Dependability				
Initiative				
Poise & Self Control				
Leadership				
Attendance				
Manual Dexterity				
Organizational Ability				
Communication – Oral				
Communication -Written				
Problem Solving				

ADDITIONAL COMMENTS (please use additional sheet if necessary):

☐ Recommend fully ☐ Recommend with reservation ☐ Do not recommend

Signature _____

Title and institution _____

Phone number _____ Date _____

Return recommendation by December 1st to student in sealed envelope or directly to:

*Carrie Carlson, MS, MLS(ASCP)^{CM}
VA Hines Hospital Medical Laboratory Science Program
5000 South 5th Avenue, Pathology & Lab Medicine Service (113-School)
Hines, IL 60141-3030
(Fax 708-202-4422)*